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DATE: December 8, 2004

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TO:

NAME:	FACSIMILE NO.	TELEPHONE NO.
Commissioner for Patents Examiner Gabriel I. Garcia GAU 2624	703-872-9306	

FROM: Patric J. Rawlins

RE: U.S. Patent Application No. 10/787,330

CC:

MESSAGE:

Attached are Transmittal form, fee transmittal and reply under 37 CFR 1.111

CONFIDENTIAL INFORMATION

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Client Name:	Aperio Technologies
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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/787,330
		Filing Date	02/26/2004
		First Named Inventor	Eichhorn et al.
		Art Unit	2624
		Examiner Name	Gabriel I. Garcia
Total Number of Pages in This Submission		Attorney Docket Number	110630-016

ENCLOSURES *(Check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Procopio, Cory, Hargreaves & Savitch LLP		
Signature			
Printed name	Patrick J. Rawlins		
Date	12/08/2004	Reg. No.	47,887

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	<i>Shari Herron</i>	Date	12/08/2004
Typed or printed name	Shari Herron		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including the gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$0.00)

Complete If Known

Application Number	10/787,330
Filing Date	02/26/2004
First Named Inventor	Eichhorn et al.
Examiner Name	Gabriel I. Garcia
Art Unit	2624
Attorney Docket No.	110630-016

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order
 Deposit Account None

Deposit Account Number 50-2075

Deposit Account Name Procopio, Cory, Hargreaves & Savitch LLP

The Director is hereby authorized to: (check all that apply)

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 Other (please identify): _____

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FEE CALCULATION

1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____
Subtotal (1)		\$0.00	Subtotal (3) \$0.00

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44
Total Claims	Extra Claims	Fee (\$)
- 20 or HP =	x	= Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP =	x	= Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3		
Multiple Dependent Claims		Fee (\$)
		Fee Paid (\$)
Subtotal (2)		\$0.00

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	_____
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other:			_____
Subtotal (3)		\$0.00	

SUBMITTED BY

Signature

Registration No. 47,887
(Attorney/Agent)

Telephone 619-238-1900

Name (Print/Type) Patterson J. Rawlins

Date 12/3/2004

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DEC 08 2004

Serial No. 10/787,330
8 Dec 2004 Reply to
8 Nov 2004 Office Action

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 10/787,330
Applicant: Eichhorn
Filed: February 26, 2004
Title: IMAGE PROCESSING AND ANALYSIS FRAMEWORK
Art Unit: 2624
Examiner: Garcia, Gabriel I.
Docket No.: 110630-016

Certificate of Transmission (37 C.F.R. § 1.8a)

I hereby certify that this paper is being transmitted by facsimile on the date shown below to the United States Patent & Trademark Office centralized facsimile number (703) 872-9306.

12/8/04 Shari Henton
Date Shari Henton

Reply Under 37 C.F.R. § 1.111

MAIL STOP AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

This communication is in response to the Office Action mailed November 8, 2004.

Restriction requirement

Allowance of the above identified application is respectfully requested in view of the following Amendment and Remarks, where:

Amendments to the Claims begin on page 2 of this paper; and

Remarks begin on page 5 of this paper.